

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	IT	6960	3-27-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	YC	70017	5-31-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral).... Canceled        A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	3-27-00
2	3-27-00
3	3-27-00
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Claim	Date
Final Original	
51	3-27-00
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Claim	Date
Final Original	
101	3-27-00
102	3-27-00
103	3-27-00
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149	3-27-00
150	3-27-00

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If more than 150 claims or 10 actions  
staple additional sheet here